

Issue Classification 	Application No.	Applicant(s)	
	10/647,666	MEIER ET AL.	
	Examiner	Art Unit	
	Eugene H Eickholt	2854	

ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
400	208	400	120	240	521		
INTERNATIONAL CLASSIFICATION		347	218	222			
B	4	J	351	28			
			1				
			1				
			1				
			1				
(Assistant Examiner) (Date)		<i>Eugene H. Eickholt</i> EUGENE H. EICKHOLT PRIMARY EXAMINER				Total Claims Allowed: 236	
<i>J. Spruell</i> 1-10-05 (Legal Instruments Examiner) (Date)		1-10-05 (Primary Examiner) (Date)				O.G. Print Claim(s) 1	O.G. Print Fig. 2

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R. 1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	26	31	53	61	87	91
2	2	27	32	51	62	92	
2	3	28	33	57	63	88	93
3	4	29	34	58	64	89	94
4	5	30	35	59	65	90	95
5	6	31	36	60	66	91	96
5	7	32	37	61	67	92	97
5	8	33	38	62	68	93	98
6	9	34	39	63	69	94	99
6	10	35	40	64	70	95	100
7	11	36	41	65	71	96	101
8	12	37	42	66	72	97	102
8	13	38	43	67	73	98	103
9	14	39	44	68	74	99	104
10	15	40	45	69	75	100	105
11	16	41	46	70	76	101	106
12	17	42	47	71	77	102	107
13	18	43	48	72	78	103	108
14	19	44	49	73	79	104	109
15	20	45	50	74	80	105	110
16	21	46	51	75	81	106	111
17	22	47	52	76	82	107	112
18	23	48	53	77	83	108	113
19	24	49	54	78	84	109	114
20	25	50	55	79	85	110	115
21	26	51	56	80	86	111	116
22	27	52	57	81	87	112	117
23	28	53	58	82	88	113	118
24	29	54	59	83	89	114	119
25	30	55	60	84	90	115	120

Issue Classification 	Application No.	Applicant(s)
	10/647,666	MEIER ET AL.
	Examiner Eugene H Eickholt	Art Unit 2854

ORIGINAL			CROSS REFERENCE(S)									
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)									
INTERNATIONAL CLASSIFICATION												
/												
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/												
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/												
(Assistant Examiner) (Date)											Total Claims Allowed:	
(Legal Instruments Examiner) (Date)			(Primary Examiner) (Date)								O.G. Print Claim(s)	O.G. Print Fig

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
176	211	206	241	236	271	301	331
177	212	207	242		272	302	332
178	213	208	243		273	303	333
179	214	209	244		274	304	334
180	215	210	245		275	305	335
181	216	211	246		276	306	336
182	217	212	247		277	307	337
183	218	213	248		278	308	338
184	219	214	249		279	309	339
185	220	215	250		280	310	340
186	221	216	251		281	311	341
187	222	217	252		282	312	342
188	223	218	253		283	313	343
189	224	219	254		284	314	344
190	225	220	255		285	315	345
191	226	221	256		286	316	346
192	227	222	257		287	317	347
193	228	223	258		288	318	348
194	229	224	259		289	319	349
195	230	225	260		290	320	350
196	231	226	261		291	321	351
197	232	227	262		292	322	352
198	233	228	263		293	323	353
199	234	229	264		294	324	354
200	235	230	265		295	325	355
201	236	231	266		296	326	356
202	237	232	267		297	327	357
203	238	233	268		298	328	358
204	239	234	269		299	329	359
205	240	235	270		300	330	360